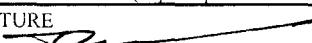


AO 435 (Rev. 12/03)		Administrative Office of the United States Courts			FOR COURT USE ONLY DUE DATE:		
TRANSCRIPT ORDER <i>Please Read Instructions above</i>							
1. NAME Timothy E. Moran		2. PHONE NUMBER (670) 236-2980		3. DATE 3/2/2006			
4. MAILING ADDRESS U.S. Attorney's Office, Horiguchi Bldg., 3rd Floor		5. CITY Saipan		6. STATE MP	7. ZIP CODE 96950		
8. CASE NUMBER CR 04-00038	9. JUDGE Alex R. Munson	DATES OF PROCEEDINGS 10. FROM			11.		
12. CASE NAME U.S. v. Eric John T. Mafnas, et al.		LOCATION OF PROCEEDINGS 13.			14.		
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS			<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER		
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		01/06/2006	
<input type="checkbox"/> SENTENCING				<input type="checkbox"/> Motion To Dismiss Indictment			
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			127.82	
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		127.82	
18. SIGNATURE 				PROCESSED BY F I L E D Clerk District Court			
19. DATE 3/2/06				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS MAR 03 2006			
ORDER RECEIVED		DATE	BY	For The Northern Mariana Islands By _____ (Deputy Clerk)			
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		127.82	
TRANSCRIPT RECEIVED				LESS DEPOSIT		127.82	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		127.82	

(Previous editions of this form may still be used)

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